

Appendix 1



PARENTAL PERMISSION FOR MEDICATION TO BE ADMINISTERED

The school will not give your child medicine unless you complete and sign this form, and the head teacher has agreed that school staff can administer the medicine. This form should be re-done at the start of each new school year.

It is the responsibility of the parent to check that the medication is not out of date, that there is a sufficient quantity in school.

DETAILS OF PUPIL

Surname..... Forename(s).....

Address..... M/F:

..... Date of Birth:.....

.....

Condition or illness.....

MEDICATION

Name/Type of Medication (as described on the container).....

For how long will your child take this medication?.....

Date dispensed.....

Full Directions for Use:

Dosage and method.....

Timing.....

Special Precautions.....

Side Effects.....

Medication to be held by (please tick) School Staff or Pupil

Medication to be (please tick) given by School Staff or self-administered

Procedures to be taken in an emergency:.....
.....
.....

CONTACT DETAILS

Name..... Daytime Phone No.....
Relationship to Pupil.....
Address.....
.....

I/we acknowledge that the above instructions will be carried out by member(s) of staff who has volunteered to administer the medication and is/are non-medically qualified and accept that this is a service which the school is not obliged to undertake.

I/we also accept responsibility to arrange for the collection of unused medication at the end of each school year.

Signature..... **Date**.....
(Person with parental responsibility)

Signature..... **Date**.....
(Student over 16 years of age)